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I.

COLLECTION DE MEMOIRES SUR
LA PHYSIOLOGIE, LA PATHOLOGIE,
ET LE DIAGNOSTIC.*

Par P. A. Piorry, M.D. Paris, 1831.

ABOUT three-fourths of this volume are taken up with percussion, by means of the pleximeter, and with physiological experiments on animals, more especially to ascertain the effects of sanguineous depletion. The last fourth of the work is occupied with the diagnostic appearances of the tongue, and the effects of inordinate abstinence on the thoracic and abdominal organs. Of the phenomena presented by the tongue, we gave a concise analysis in our 29th Number (July 1, 1831), and therefore we shall not touch on that subject in the present paper. We shall proceed at once to the memoir "ON ABSTINENCE, ON INSUFFICIENT ALIMENTATION, and THEIR DANGERS."

Hypotheses rise and fall; but faithful observations or facts resist the hand of time. No precept has stood this test more fully than that which tells us that "abstinence is useful in acute diseases." Men have always a tendency to run into extremes, and carry the most salutary precepts into dangerous excesses. Our author sets out by

reminding his readers that the fluids of the body exercise a great influence on the functions of the machine; and that these fluids, more especially the blood, which is the source of all the secretions, are greatly modified, not only by the quality but the quantity of our food. The organs of the body suffer from deficiency as well as from the excess of their natural stimuli. In the former case, the blood is not carried with sufficient energy towards the brain; and what is curious, there arise, in such circumstances, symptoms very closely resembling cerebral congestion. Pains take place in the muscles not properly supplied with stimulus to activity—the eye gets inflamed in dark places, and often is cured spontaneously by exposure to light—the stomach deprived of sufficient alimentation becomes the seat of severe pains and obstinate vomiting. The author then traces the effects of rigid abstinence (*la diète absolue*) and insufficient alimentation on the blood and muscles—the heart—the lungs—the digestive organs—and the nervous system.

I. On the Blood.

There is no doubt, he observes, that the first effects of rigorous and prolonged abstinence is a diminution in the quantity of the circulating fluid. Collard, of Martigny, has made many interesting experi-

* From the Medico-Chirurgical Review.

ments on this point. The proportion of fibrine diminishes in proportion to the diminution of alimentation; while albumen, on the other hand, augments. The whole volume of blood also diminishes, while the muscles decrease in size and firmness. Fourteen days of "*diète absolue*" were sufficient to render the muscles of the extremities exceedingly flaccid, wasted, and weak. Their constituent principles are, in fact, absorbed, to repair the loss which the blood necessarily sustains by secretion, &c. The muscles of the trunk experience a similar degree of atrophy, and our author thinks it probable that the muscular pores of the viscera undergo a similar change. The fat, and even the denser tissues of the body must, though more slowly, share the same fate, although there are instances on record where death was produced by starvation, without emaciation. We much doubt these statements. It is, however, to be recollected that increased absorption, in consequence of diminished quality of blood, is not near so great in disease as in health—nor of diseased parts so much as of sound parts. Hence it is that we may starve our patient before we produce the absorption of a morbid growth in any part of the body.

The blood diminishes but little during the first few days of sickness and abstinence, because the various organs furnish materials for the circulation, and so do the drinks taken, and even the air we breathe. But afterwards we see the same phenomena which succeed hæmorrhages. The lips, the tongue, and the conjunctivæ, become pale—the veins flatten, and the circulation through them becomes slow—the arteries beat with less force—the heart diminishes in size—the chest

returns a clearer sound—and the liver shrinks. The ultimate effects, too, of hæmorrhage and abstinence are the same, debility—disinclination to motion—slowness and torpor of all the functions—tendency to syncope in the erect position—and finally, death, from defect of cerebral excitation. It is thus that the scene terminates, when profound lesions of the alimentary tube obstruct assimilation—when inordinate evacuations carry off the pabulum of life—or where prolonged abstinence cuts off the supply of nutriment from the body. To deprive a patient long of food, is to bleed him largely—and it would often be better to bleed him and give him nourishment at the same time, than to starve him too long. Venesection may be carried to a great extent with safety, when the alimentary tube is in a sound state, and capable of supplying chyle, when nutriment is at length given; but we should be cautious of severe depletion or rigid abstinence, when the *primæ viæ* are in a different condition; for then we shall find it difficult to re-establish strength when the malady is at an end.

"Would we (says M. Piorry) try to cure phthisis or cancer by starvation? This rigid regimen, by cutting off the supply of nutrition, will often hasten the fatal catastrophe! We dread irritation; but we incur still more dangerous consequences—inanition and its accompaniments. Extreme low diet (*la diète absolue*) will kill a dog in twenty-five or thirty days; yet we put men on this system for months!"

It is vain, says he, to tell us that the patient takes gum water, sugared water, emulsions, &c. This is not sufficient alimentation, either for people who are sick, or those who are well. The dogs which Magen-

die fed on sugar, oil, butter, and gum, died in little more than thirty days of this regimen. If you wish to prolong the days of those who labor under incurable diseases, you must supply the blood with chyle. Do we not see the wound made in lithotomy heal under a nutritive diet, and remain open if we keep the patient too low? How can we expect, then, to heal an internal ulcer by starvation? Let it also be remembered that, in internal ulcerations or malignant diseases of structure, there is an increased absorption, where rigid abstinence is enjoined, and, consequently, a vitiation of the blood. To prevent this, we ought to supply healthy chyle. We see that people who would die in town, get well in the country. No doubt there is a great deal owing to the pure air of the latter situation. But are we to attribute nothing to the increased nourishment which the change of air and scene enables the patient to take? Good wine, says the Doctor, and generous living, are the best tonics. Our estimable Pinel acknowledged that the "VIN D'ARBOIS" saved his life, when medicines failed. It is thus, perhaps, that the Charlatan sometimes succeeds, when the physician, with his rigid diet, sees his patient daily get worse. Our author does not accuse M. Broussais so much as his blind disciples, in starving their patients to death through the chimerical fear of irritation. "I have seen (says he) patients who had been kept fifteen, twenty, thirty days—nay, six or eight weeks, on gum water; and to whom chicken broth has been refused, the terror of irritation being so great, that the Doctor trembled at substituting toast water for the crystal spring." "On other occasions (says he),

certainly not numerous, but likely to be so, I have known individuals feeble, pale, and emaciated, condemned to absolute rest, and to live for years in protracted agony (*vivre, pendant plusieurs années, dans une longue agonie*) on sugar and water, a small quantity of milk, &c." These errors have arisen out of an exaggerated fear of *inflammation*, rather than of irritation—for the latter is often increased by too rigid abstinence, debility being the parent of irritability. Sick or well, and especially in chronic maladies, there ought to be allowed a sufficient nourishment for the support of the human machine—and the quantity is to be proportioned to the age and strength of the patient—but more especially according to his former habits and his constitutional idiosyncrasy. The following picture is not imaginary.

"Take a man in perfect health, and submit him to the following regimen. Give him two or three plates of soup maigre, (*potages de quelque onces par jour*)—eau sucrée for drink—and even add to this an egg. Prohibit bread and wine—and reflect on the consequences of this regimen. The sense of hunger will be only momentarily assuaged during the first few days; but afterwards it will diminish, because this sensation, like all others, is under the dominion of habit. In the course of a week or ten days, the individual will experience debility, will be thinner, and his muscles more flabby. In another week, these phenomena will all be increased—and the stomach will probably become irritable, and even painful. By perseverance in this regimen, the patient (for he is now really ill) will offer all the symptoms of one who has suffered from repeated hæmorrhages."

II. On Abstinence in Diseases of the Heart.

Under the influence of abstinence, the heart, like all the other muscles, diminishes in volume—and on this fact was founded the treatment of VALSALVA. This treatment is indicated in hypertrophy of the ventricles—especially when uncomplicated with contraction of the orifices. Abstinence will have no effect on this last complaint—sometimes a bad effect. Nature strengthens the muscular fibres of the heart, when they have an unnatural resistance to overcome. By diminishing the strength of the parietes we weaken the power of carrying on the circulation, without in any way removing the obstruction. It is not the violent action of the heart which we have so much to dread, as the cause which produces it. The great object, in such cases, is, not so much to lessen the size of the heart, as to proportion the calibre of the arteries, and the orifices of the central organ, to the volume of blood which is in circulation, while, at the same time, we bear in mind that there is a certain force to be sustained in the various other organs of the body. Then it is that repose is necessary, in order that a smaller quantity of blood may suffice for supporting life. To diminish the quantity of the circulating fluids, and impoverish (to use an antiquated expression) the quality of the blood, is the most rational treatment in these diseases. And yet the defect of nutrition, and the general debility, which are the inevitable results, must ultimately terminate fatally. Our author thinks that detractions of blood from the arm, by which the volume is quickly lessened and the embarrassment of the circulation relieved, are bet-

ter than slow evacuations by leeches, which debilitate, without materially relieving the patient.

It is also to be remembered, that hypertrophy of the heart exists under two very different forms—one, where the muscular structure is firm and resisting—the other where it is soft and flabby. The former state appertains chiefly to youth and robustness of constitution—the latter to age and debility. Unfortunately, the diagnosis of these two different conditions is not so firmly established as some pathologists imagine. Auscultation has promised rather more than it has performed. "The bruits are very deceptive, percussion is insufficient, and the functional symptoms lead us often astray." Nevertheless, he acknowledges that auscultation, percussion, and a careful observation of symptoms, may enable us to do a great deal in the mitigation of these dreadful afflictions.

In respect to those passive dilations of the heart, with mollescence of its structure, which we so often meet with, an extreme low diet is not only inefficacious, but absolutely injurious. Even simple dilatation of the heart, whether of the right or left cavities, does not require extreme abstinence—on the contrary, the dilatation is generally increased by such procedure. Where there is reason to believe that the parietes of the organ are soft, we ought to give nourishing diet, and even tonics, especially steel.

"Of the great numbers who have applied to me for palpitation of the heart and difficulty of breathing, and who considered themselves affected with organic diseases of the heart, the greater number of them had no hypertrophy or dilatation—no stethoscopic bruit—no symptom

of stricture of the orifices. Many of these, especially medical men, had been put upon vegetable and most debilitating diet; nevertheless they received no benefit from that plan. They went up stairs with great difficulty, and all their symptoms went on increasing in severity. Not perceiving the proofs of organic disease, I changed the plan of treatment, prescribed substantial and plentiful diet, and soon found that the amelioration was progressive and decisive." The author details a remarkable case in illustration.

III. On the Dangers of Abstinence in Diseases of the Lungs.

In unequivocal inflammation of the lungs or their investing membranes, there can be no question about the necessity of rigid abstinence. But will this hold good, says he, "in those congestions of the lungs evidently the result of mechanical causes, of defect of venous action—in those stases of black blood which take place consecutively to diseases of the heart—in old people, and in those who have been long enfeebled by chronic maladies?" I do not, says he, think it will. The principal indications, he observes, which present themselves are, to diminish promptly the quantum of blood circulating through the heart and lungs—and then to stimulate these organs into greater energy. It is not *irritation*, says he, which attracts the blood to the lungs in diseases of the heart. It is the mechanical obstruction to the circulation, and the gravity of the fluid itself, in conjunction with the weakness of the powers which move the blood. Take away, therefore, some blood, to give freedom to the circulation, and then give energy, if possible,

to the organs which impel the vital fluid, by generous diet, in small quantities at a time, and watching the effects. This is bold doctrine, even in England, and in France it must be downright heresy. "Yet," says M. Piorry, "it is not without long experience and ample reflection that I have come to these conclusions." This theory rests upon solid and numerous facts. A great number of pulmonic inflammations, coupled with cardiac affections, in old people, were treated at the Salpêtrière by blood-letting; but on the succeeding, and sometimes on the very same day, bouillons and light soups were given, occasionally wine. This plan succeeded better than the plan of rigid abstinence.

Regimen, says he, in phthisis pulmonalis, is of the utmost consequence. Broken-down or softened tubercles will not heal on the starving system—nor will crude tubercles be absorbed by that system. Expectoration will not be rendered easier by depriving the patient of alimentary sustenance. On the contrary, the absorption of pus from ulcerations in the lungs will be increased by abstinence, and hectic fever thus kept up—"in short, by starving a phthisical invalid, we add an additional evil to a frightful disease." Pathological anatomy teaches us that ulceration of the intestines is one of the most common causes of debility, and even of death, in phthisis. Vegetable food, which is more difficult of digestion than animal aliment, irritates these ulcerations, and increases the malady. "I am (says M. Piorry) very much deceived, if animal food should not be found necessary and beneficial in a great number of phthisical cases, that are now doomed to asses' milk and farinaceous aliment."

IV. *On the Effects of Abstinence in Diseases of the Digestive Tube.*

No practitioner would dream of giving animal, or any kind of full diet, in acute inflammatory affections of the stomach or bowels ; but, M. P. observes, there is some difficulty in ascertaining the time when we ought to discontinue the starvation system, when the disease assumes the chronic form. The appetite of the patient is some indication ; though it is not always to be depended on. The effects resulting from the process of digestion, and also from the sanguification which ensues, are more safe criteria. Because the tongue is loaded, and the appetite null, we are not thence to conclude that food is unnecessary. Often, in such a case, the attempt to masticate will recal some goût for victuals, and quickly clean the tongue. Pain in the stomach is not always a counter indication against food. On the contrary, there are many cases and constitutions, where the epigastric pain is lessened by eating and increased by long fasting. Patients of this kind will throw off slops from their stomachs, and both relish and digest animal food.

The author has pushed his remarks to the diseases of the encephalon, and the effects of rigorous depletion and abstinence in such cases. But our limits are exceeded, and we must close the paper here.

II.

ON DISEASE OF THE COLON AND LARGE INTESTINES, SIMULATING HEPATIC AFFECTION.

By T. NUGENT, Member of Apothecaries' Hall, Dublin, &c. &c.

I AM induced to offer the following remarks, chiefly to the junior mem-

bers of the profession, from the circumstance of my having so frequently, in the course of my experience, met with cases illustrative of the subject to which they relate. Chronic affections of the colon, proceeding from the irritation of fæces long retained in the cells of the large intestines, I have found to be productive of a variety of symptoms which would seem to indicate liver disease : such as fulness, pain and tenderness of the right side aggravated by pressure, languor, diminished appetite, furred tongue, high-colored urine, &c. ; but which, by the steady and regular use of purgatives (of the resinous kind more especially), with the daily use of large emollient enemas, saline aperients being occasionally interposed, have, upon the expulsion of hardened and apparently long-impacted fæces, completely disappeared and left the patient restored to perfect health. Nor is it the least important benefit derived from this treatment, that the patient is frequently saved by it from the deleterious effects which mercury produces on some constitutions — mercury, which, when rashly administered and long persevered in, leads to such debilitating consequences and the continuance of that state of the system most favorable for the disease in question. It has been my lot, in many instances, to observe, with much pain, mistakes of this sort committed : intestinal affections confounded with and treated as diseases of the liver, while the liver was, in fact, no more than functionally, and that too but slightly, deranged ; with the usual bad effects of long confinement, and unnecessary mercurial courses, more strongly manifested, of course, when delicate females were the subjects of such injudicious management.

I shall give the details of a few out of several cases which have come under my observation ; my object, as I have already hinted, being simply to draw the attention of practitioners to complaints of the kind in question, and to their proper exciting causes. The treatment here detailed, it will be understood, is not laid down as anything more than a mere outline ; it is to be modified in each particular case, according to circumstances, especially should there be appearances of inflammatory action supervening—when the methods of depletion and antiphlogistic remedies will, of course, be adopted ; but after the subsidence of which, the purgative treatment, especially as it will act best upon the large intestines, will be adopted. It is my wish to confine myself to such facts in the history of my cases, as will be most useful for the illustration of my views.

June 20th, 1829.—Miss ———, æt. 22, of a delicate and spare habit of body, and of a marked nervous and lymphatic temperament. Complained for several months of a dull pain and tenderness, increased upon pressure, in right side, near the margin of the ribs, and extending upwards. Her countenance sallow ; her appetite, previously good, now defective ; her spirits low, with feelings of great languor and debility, slight exertion producing dyspnœa, palpitation, &c. ; her pulse quick, but regular ; the urine highly colored, sometimes depositing a lateritious sediment ; the bowels scantily, although daily opened ; the fæces generally duly tinged with bile. For these complaints, in the country where she resided, she had been twice salivated, blistered, &c. and subjected to a long and rigorous

confinement whilst under the mercurial influence ; and notwithstanding all these, with scarcely any mitigation of pain in right side, but considerable aggravation of nervousness and debility.

Judging from the history of the case, and from the circumstances ; the fæces almost always appearing duly tinged with bile, indicating that the liver could not be much functionally or organically deranged ; the appearance of the side, which was swelled and gibbous, the seat of pain and tenderness, which corresponded with the great arch of the colon ; and judging, also, from the non-beneficial effects of the mercurial treatment, blisters, nitromuriatic baths, &c., which she had previously undergone,—it occurred to me that these symptoms might be caused or depend upon the presence of hardened fæces, not duly evacuated, but accumulated and lodged in the cells of the colon and larger intestines, producing the effects which have been already detailed. I determined upon trying the effects of regular and full purgation for a short time, and, if possible, effect the removal of the offending matter. With these intentions I directed her to take the following :

R. Extracti colocyth. comp. Pulv. scammonii. Rhei. sing. ʒj. Pulv. ipecacuanhæ gr. iv. Olei carui. gutt. v. Ext. Hyosciam. Nigr. gr. viij. M. f. pilulæ xiv. quorum sumantur duæ vel tres H. S. om. nocte. Diebus tribus interpositisumat. æger. haust. seq. :

R. Sulph. magnesizæ ʒii. Carbon. ejusdem. ʒj. Aquæ Menth. sat. ʒij. tinc. sennæ com. ʒij. M. fiat haustus, et mane quotidie ad tres vel quatuor dies, Injiciatur enema.

And also to use the following liniment :

R. Ole. camphor. de terebint.
utrusque 3vi. T. opii 3ij.
M. f. linimentum, quo bene
affricetur pars qua dolet mane
nocteque.

After the fourth day some hardened fæces were observed to pass, which increased in quantity on the fifth and sixth. I then interposed a castor oil purgative draught, omitting the other remedies, except the pills, which I directed to be continued every night until further notice. Upon the first appearance of passing the hardened fæces, there was experienced considerable mitigation of pain, tenderness on pressure, and irregular fulness of the side, &c. ; and after the eighth day all the symptoms appeared completely removed, by directing her to take a good deal of exercise in the open air, attention to diet, and particularly attend to the alvine evacuations, taking care that no accumulations took place. She continued, from that period up to the present, upwards of two years, in perfect health.

The other case was also of a very delicate female, æt. 20, from the country, of highly scrofulous character and nervous temperament, and who had been subjected to a similar treatment, on the supposition of the liver being the seat of the complaint ; only, on account of the peculiar and violent effects of mercury on her constitution, the smallest quantity, in any shape, when exhibited, producing great debility, nervousness, hectic fever, cough, &c., it was more sparingly administered than in the preceding. In this case, as in the former, the pain was *lower* than the margin of the ribs ; and the seat of pain and

tenderness, when examined, seemed to correspond with the situation of the great arch of the colon ; and the swelling had the same gibbous appearance as observed in former cases. Upon continuing the purging plan of treatment (without going into detail) much after the preceding, in milder doses, however, in consequence of greater debility ; after continuing this practice for a few days, hardened fæces began to be voided, which was quickly followed by the same remarkable diminution of pain, tenderness, fulness, &c., and in a short time restoration to health,—at least such health as she had not enjoyed for a year preceding.

Another case was that of a gentleman, ætat. 35, of robust frame, strong and muscular, of the sanguine temperament. This person, whenever he allowed, for any time, his bowels to remain costive, was generally subject to a violent and acute attack of pain in the right side, accompanied frequently, or followed, by an attack of well-marked peritonitis. It was often found necessary in this case to pursue the antiphlogistic treatment most rigorously ; copious bleeding, both general and local, fomentations, enemas, mild unirritating laxatives, &c. until inflammation was subdued. On the supposition that the liver was exclusively the seat and the cause of his complaints, his former medical attendants subjected him to long courses of mercury, exhibiting it both by inunction and mouth ; as also to long and rigorous confinement, without either apparent benefit or injury to his constitution, or mitigation of pain, tenderness in the right side, &c., and although the mercury was twice pushed to salivation, and each time the salivation continued for some weeks, the

mercurial treatment having failed in this case as in the preceding (although his strong constitution resisted its deleterious effects with impunity) either in removing pain, or lessening the sensibility of future attacks, he, after the salivations, having had three or four attacks in quick succession, I then determined upon trying the purgation plan, much as detailed heretofore, due allowance being made for difference of strength and constitution; and in some time after the expulsion of hardened fæces, the symptoms rapidly disappeared, with almost perfect remission of pain, &c.; and, by directing him to attend to the future state of the bowels, taking care that no partial retention of fæces were allowed, but that the bowels were fully and duly evacuated, attention to regular living, &c., he continues quite free from complaint of any kind, a period now upwards of eighteen months; although, previously to this, he was subject to attacks, as before mentioned, every three or six months.

There are a number of other cases which I do not think it necessary to add, sufficient, I trust, having been advanced to prove that the mistake of confounding all diseases of the digestive apparatus, accompanied with pain, tenderness in the right side, &c., with inflammation of the liver, acute or chronic, is one of a very serious nature: and to show that, by endeavoring to establish a more accurate diagnosis, a simpler, better, and safer mode of treatment might be adopted, and the injurious, and, in many constitutions (particularly when long continued), the deleterious effects of mercury avoided, as well as the inconvenience of long confinement; both of which may lay the foundation of future confirmed ill health,

and at no remote period undermine the constitution, particularly in those of a strumous diathesis, or predisposed to pulmonary consumption.

III.

ACCOUNT OF THE POST-MORTEM EXAMINATION OF THE BODY OF PATRICK CONNELL, UPON WHOM MR. BRODIE PERFORMED THE OPERATION OF TYING THE EXTERNAL ILIAC ARTERY, IN THE YEAR 1828.

PATRICK CONNELL was a patient under the care of Mr. Brodie, in St. George's Hospital, for inguinal aneurism, in the early part of the year 1828, and for which it was found necessary to tie the external iliac artery, which was accordingly performed with success by Mr. Brodie, on the 21st of February in that year. As the details of this case have been published in this Journal, (April 1828, p. 328,) I presume that the following account of the state of the patient subsequent to the operation, and of the appearances observed on dissection, will be interesting to your readers.

Since the performance of the operation, the patient, who had always been very unhealthy, and had been exposed to many hardships, has never been completely well, constantly suffering from cough and affection of the lungs; his legs became œdematous; and continuing thus to get worse, in the early part of the present year he became dropsical and died.

Upon examining the remains of the aneurismal tumor, it was found to be somewhat larger than a pigeon's egg, situated immediately below Poupart's ligament, and filled with a firm coagulum. Upon tracing the vessels connected with it, it was

found that in this case the external iliac artery, instead of, as usual, giving off the epigastric and circumflexa ilii, and then becoming the common femoral artery, divided all at once into three large vessels; one of which again dividing, formed the epigastric and circumflexa ilii; another formed the profunda femoris, and the third continued its course as the superficial femoral artery. It was at this point of general division that the aneurism had formed, so that, in the preparation, the cut ends of several vessels are seen hanging from the tumor. The external iliac artery was entirely obliterated, from about three quarters of an inch above the tumor; the internal iliac was nearly twice as large as it is in ordinary circumstances, but appeared to be perfectly healthy; nor was there any appearance of disease found in the aorta. The operation had been most completely successful, and it would have been satisfactory to trace the anastomosis of the vessels; but the relatives of the deceased having a great objection to allowing an examination, it was necessary to perform it clandestinely, and the incision having been made in the loins only sufficiently large to admit the hand, and so remove the preparation, any further dissection was impossible.

Lond. Med. and Phys. Jour.

IV.

ON THE CAUSE OF DEATH IN MEMBRANOUS INFLAMMATIONS.

By M. BROUSSAIS.

THE following are the conclusions to which the eccentric, but talented, Professor of Val de Grace has come on the above topic.

1. The membranous phlegmasiæ,

more especially those of the abdomen, particularly gastritis and enteritis, frequently determine, even at the commencement, congestion in the brain and spinal marrow, sufficient to destroy life, if proper means be not promptly employed. This congestion often, as, for example, in infants, becomes the principal disease.

2. During the course of these inflammations, there exists *always* a sympathetic irritation of the brain and spinal marrow, which more or less accelerates the circulation and respiration, disturbs the sensorial functions, perverts the sensations, renders the voluntary muscles unfit for their offices, and, in a word, occasions all those nervous symptoms which we see in this class of diseases, even when they are most mild.

3. When these phlegmasiæ have profoundly altered the mucous membranes, and menace a fatal termination, very severe nervous symptoms are developed, such as delirium and convulsions, when the membranes of the brain are the chief seat of the sympathetic irritation—or coma, when the central parts of the cerebral mass are affected, and exhalation takes place into the cavities of the brain.

4. It is this irritation which always leaves traces of inflammatory action, that terminates life, *by functional disturbance*, whenever death occurs before encephalic effusion, hæmorrhage, or organic change in the great vital organs. It may be asserted that peritonitis, even where there is perforation of the gut, does not, in itself, occasion death, but only through the constitutional disturbance of the brain and nervous system, as before stated.

5. Finally, M. Broussais concludes that those alterations of struc-

ture which we see in acute diseases, hitherto called idiopathic fevers, are the effects of inflammation—and if, in certain parts of the said membrane, there be appearances of paleness, or even atrophy, these he attributes to the afflux of blood to various other parts of the body in articulo mortis, or during the last day or two of life.

Annales de la Médecine.

V.

SUGGESTIONS WITH REGARD TO THE GENERAL TREATMENT OF FRACTURES, WITH A DESCRIPTION AND MODE OF APPLICATION OF A NEW KIND OF SPLINTING, COMPOSED OF FELT.

Communicated for the Boston Medical and Surgical Journal.

By DAVID S. C. H. SMITH, M.D.,
of Sutton.

It must have occurred to every practising surgeon, that in fractures of the os femoris a shortening of the bone almost uniformly takes place. This phenomenon has generally been attributed to the right cause, viz. a contraction of its large and powerful muscles, particularly the flexors; but the means to prevent it have been as generally mistaken. Much force has been thought necessary to prevent this contraction of the muscles, and for this purpose pullies and long splints, so applied as to keep the muscles constantly upon the stretch, have been resorted to. But the muscles under the action of these instruments, feeling a kind of sensation as if their fibres were about to be drawn asunder, contract powerfully, and not unfrequently take on a spasmodic action more than sufficient to counterbalance the extend-

ing power. The effect of violent extension upon muscles, is clearly illustrated in cases of dislocated shoulder joint. The deltoides, pectoralis and latissimus dorsi, are all inserted into the humerus, and contract powerfully whenever an attempt is made to put their fibres upon the stretch; so much so, that it frequently becomes necessary to bleed and administer large doses of emetic medicines in order to reduce the vital energies of the system, before the muscles will yield sufficiently to allow the dislocation to be reduced. That this state of the muscular fibre does not exist previous to the application of the extending power, is clearly proved by the fact, that one quarter part of a force which otherwise would have been hardly sufficient to have answered the purpose intended, if applied instantaneously, will replace the head of the bone in its natural situation; and this is precisely the manner in which those quacks in surgery, commonly called natural bone-setters, effect their object, though they are themselves ignorant of the principles upon which their success depends. Now, if it is a fact, that this state of the muscles is produced by putting their fibres upon the stretch, why apply this practice to cases of fracture, especially at a time when the irritability of the muscular fibre is greatly increased by the attending inflammation? The advocates for permanent extension, however, may say that long-continued force will overcome this contraction of the muscles, and that they will at length yield the point to the extending power. We will suppose that for the first ten or twelve days the surgeon has been enabled by the use of pullies, splints and bandages, to keep the broken ends of the bone

in a perfect state of coaptation ; let me ask, what has he gained ? Certainly nothing which will be ultimately useful to the limb ; for no one pretends to say that even an effort is made towards a reunion of the broken bone short of about the fourteenth day. His pullies and splints therefore have had no other effect than to cause much unnecessary pain and suffering to the patient, increase the inflammation, and retard the cure.

The muscular contraction, which ultimately causes a permanent shortening of the limb, is one of a totally different character from that which I have described above. The former is a spasmodic action, and being one of high vital character, continues but a short time : the latter arises from a condensation of texture, analogous to that which takes place in severe burns ; it commences when the former ceases, and scarcely any force which the patient can bear is capable of overcoming it. This condensation of the muscular fibre is produced by two different causes. The first of these is the inflammation, which always attends injuries of this kind, and which is greatly augmented by the splints, bandages, &c. which are generally applied immediately after the injury. Inflammation is known to have the same effect upon other textures. For instance, when it takes place in the cellular substance, it becomes almost obliterated ; and the skin, after severe burns, frequently contracts so as to cause serious deformities. The second, but not the least active cause, in producing this state of the muscles, is the practice of confining them by permanent extension bandages, and improper splints ; for whenever an organ is prevented from performing its natural functions, it parts with the

vital properties which it before possessed, and becomes partially disorganized. An artery, when the vital current has ceased to course through it, degenerates into a ligamentary substance, and loses all its former elasticity which was so essential to the due performance of its functions. Consequently, the more closely a muscle is confined, either by fixing the limb permanently in one position, by the pressure of bandages applied next the limb, or by long-continued and powerful extension, the more sure it will be to take on this kind of condensation, and the more obstinate and irresistible it will be. The shortening which arises from this condensation of texture, no force which the patient can bear is capable of overcoming. For the first ten or twelve days the extending power appears to be answering the purpose intended ; but it is this very extension which ultimately assists to destroy the vital character of the muscles, causes them to become condensed in texture, and to part with their peculiar mobility. Alternate relaxation and tension are so essential to a muscle, that whenever they are suspended for any considerable length of time, it loses its natural properties, and becomes gradually assimilated to the nature of the tendon which is appended to it.

Why is there no shortening of the limb in cases of fractured humerus ? I answer, it is the absence of all the causes mentioned above. Permanent extension is not resorted to in these cases ; the limb below the elbow is left unconfined ; the patient moves about, his arm swinging by his side, the fore-arm is at liberty to be either flexed or extended, and the muscles being in this way a little exercised from time

to time, do not part with their natural habitudes.

The indications, then, in every case of fracture, especially those of the leg and thigh, are, in the first place, to place the fractured bones as near as possible in a perfect state of coaptation, and the limb in a natural and easy position, which during this stage of the injury is to be kept constantly wet with spirit or spirit and water, at the same time making use of every other means within our power to subdue the inflammation, and avoiding everything which is calculated to heighten or excite it. While the inflammation continues, all motion is to be avoided, as much as possible. In fractures of the thigh, the limb may be laid over the double inclined plane of C. Bell. In those of the leg below the knee, the injured limb may be bedded securely on pillows, the knee being flexed almost at right angles, and the leg laid upon its outside, making no attempts in either case at forcibly retaining the broken bones in a perfect state of coaptation until the inflammation has subsided, when, if they are not found so, they may be easily placed in that situation, and so retained without the danger of producing a greater evil than that which we are attempting to remedy. In cases of fracture of the arm and fore-arm where there is not much injury of the soft parts, and the injury is not of such a nature as to render it necessary for the patient to keep his bed, the splints may be applied immediately after the injury, care being taken not to apply the dressings too tight. The splints ought to be so constructed as to press equally on every part of the limb with which they come in contact, and to give such a support, that the limb may be

flexed and extended, and otherwise exercised from time to time without danger of displacing the broken bones.

The splints which I now offer to the medical public, a representation of which will be found in another column, and for which I have obtained a patent, are formed upon the above plan; they are, furthermore, composed of a material of much firmness and strength, and possessing at the same time the all-important property of being capable, simply by the application of heat, of being moulded into any form required, so as even to conform to the slightest elevations and depressions, as perfectly as would a cast of gypsum or clay.

The splints for the arm, fore-arm and thigh, are left in plain sheets, to be moulded to the limbs when wanted for use. The splint for the leg below the knee, is formed on a block representing rather more than a vertical half of the leg and foot from the knee to the ends of the toes. Connected with this by means of straps and buckles, is a counter splint to be applied to the inside of the leg, just below the knee, and is only to be used in cases of oblique fractures, and in connexion with the apparatus for fractured thigh.

The apparatus for fractured thigh consists of three splints, all composed of the material alluded to above. The upper one is a broad sheet, long enough to extend from the great trochanter to the knee, and wide enough, when bent, to fit the outside of the thigh, and envelope rather more than half its circumference. This splint is cut tapering at its upper extremity, to which are attached two straps, and directly opposite to these two buckles. This splint is connected to another below it, fitted to the

outside half of the leg and foot (the same as that used for fractures of the leg below the knee), by a joint, the two arms of which move in two corresponding sheaths, one of which is fixed to the lower end of the thigh splint, and the other to the upper end of the leg splint; these arms are fixed in their places by screws, so that the apparatus may be taken apart at the knee, or lengthened or shortened at pleasure to suit the length of the limb. The accompanying plates will supersede the necessity of a more minute description.

The advantages which these splints possess over all others, are, that in a few minutes they can be accurately moulded to any limb of whatever form or size; and by pressing equally on every part, enveloping rather more than half the circumference of the limb, and extending its whole length, they afford a support which can be obtained in no other way. So perfect is the support afforded, that the limb may be considerably exercised from day to day by alternately flexing and extending it, without the least danger of displacing the broken bones; and in this manner we are enabled to guard against that kind of muscular contraction, alluded to above, which consists in a gradual condensation of texture, and which I consider to be the cause of the permanent shortening of the limb. In cases of fracture below the knee, the patient can sit up after the splint is applied, and even walk about with the assistance of crutches.

This material may also be used with advantage in the *morbus coxarius*. In this disease it is important that the joint should be kept in a state of perfect quietude, and for this purpose the plan of Dr. Physick is probably the best. But

instead of having a carved hollow splint of wood, extending from the middle of the thorax, almost to the external malleolus, a splint of exactly the same form may be made of this material with much greater facility. Great care and a skilful carver are necessary to construct the wooden splint; whereas the felting may be adapted to the limb with great ease and accuracy, and the same support afforded as by the other. The same material may be applied with equal facility to any joint in which this scrofulous affection may occur, as the knee, ankle, shoulder or elbow, or in any case in which it may be important to keep the joint in a state of rest. That the adaptation of the splint may be perfect, a cast may be taken of the limb in gypsum, and a block moulded in this on which to make the splint; or a splint made on any other block can be softened and exactly fitted to the limb to which it is to be applied. Sometimes they are moulded on the leg of another person of nearly the same size.

In club-foot, or that deformity of the foot in which it is turned inward or outward, these splints offer a means of cure which ought entirely to supersede the pasteboard splints, tin boots, &c. which have heretofore been used. They can be so accurately shaped as to remedy the existing evil so gradually, that in most cases they can scarcely fail of effecting a cure. A case of this kind lately came under my management. An infant had the right foot turned inwards to such a degree, that on placing him erect he would bear on the outside of the foot and external malleolus. The ankle joint was also extended to the greatest possible degree, and scarcely admitted of any flexion.

The infant came under treatment at ten weeks old. A paste of gypsum was first prepared in the same manner as used by artists in taking casts, the foot carried as near a natural position as could be borne by the child without distress, and then the external side of the foot and leg covered by the paste, so as to enclose a little more than half of the limb. The foot was held exactly in this position till the paste, hardening, furnished a complete mould in which to cast a block. On this block the splint was made, and confined to the limb by a roller, after being lined with a piece of soft leather. This was removed every day, and gentle friction applied to the limb, and the joint bent in every direction as far as could be done without giving pain. As these motions became more extensive, other splints were used, bringing the foot still nearer its natural place. After the mal-position was in part corrected, the apparatus was applied to the inside of the leg. In a few weeks it had perfectly gained the motion of flexion and extension, and without the least uneasiness would bear a splint supporting it in its natural position. Their application did not retard the growth of the limb, produce any excoriation or soreness, or interfere with the health or apparent comfort of the child. When left free, it turns inward but little; and under a continued use of the same apparatus, this slight deformity is becoming daily less perceptible.

General Directions for applying the Splints.

Having wrapped the limb in a piece of fine cotton cloth, hold the splint which you intend to use before a hot fire until it becomes soft and flexible. Then, while warm,

apply it to the limb, pressing it snugly to it with your hands, until it takes its form, and is accurately adapted to every part with which it is intended to come in contact. Then apply a circular bandage snugly round the whole, from one end of the splint to the other.

The splint for fractures of the arm above the elbow, is to be applied to the back side of the arm as it hangs perpendicularly by the side of the body.

The splint for the fore-arm is to be applied to the outside of the arm and hand when the elbow is bent at a right angle, and the palm of the hand is turned towards the body. The arm must then be suspended in a sling.

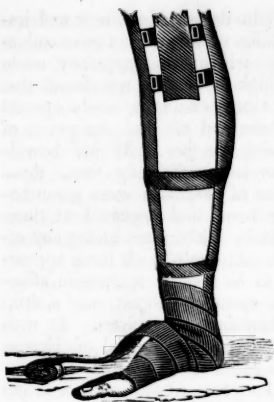
Directions for using the Apparatus for fractured Thigh.

Fit the *leg-splint* to the outside of the leg and foot, and the *counter splint* to the inside of the leg, where the tibia swells to form a part of the knee-joint, bringing the upper end of it exactly level with the top of the tibia; then remove and line them with some soft material, re-apply and connect the *counter splint* with its opposite by means of the straps and buckles, and apply a bandage round the whole from the knee to the ends of the toes. Fit the *thigh-splint* to the outside of the thigh, bringing the end to which the long straps are attached exactly to the top of the thigh bone, or which is the same thing, to the point of the process called the great trochanter. Then remove and line it with some soft material. Introduce one arm of the joint (which you are supposed previously to have removed for the better convenience of fitting the splint) into the sheath made to receive it at the lower end of the thigh-splint, and then connect it



with the *leg-splint*, slipping the other arm of the joint into the sheath made to receive it there. Then bring the *thigh-splint* to its former situation ; bring the strap, which is attached obliquely, up through the groin, and the other round the pelvis, and connect them with their corresponding buckles. Then buckle the short straps which pass round the thigh. During this process the limb must be kept extended. While this extension is continued, the screws are to be introduced and turned firmly down, so as to prevent all motion between the arms of the joints and their sheaths. The extension made use

of ought in no case to be more than is just sufficient to bring the broken ends of the bones into a state of apposition. The muscles ought in no case to be put upon a painful stretch or extended beyond their natural length. The bandaging is then to be continued from the knee to the groin, and a few turns passed round the pelvis. The limb is then to be kept in an easy state of flexion, either by placing it over the double inclined plane of C. Bell, or by properly supporting it with pillows placed under the ham. No bandage is in any case to be applied next the limb. The limb during the cure must not be kept constantly



in one position ; at one time it may be bent almost at right angles ; at another, laid straight ; and the limb ought to be considerably exercised from day to day, by flexing and extending it. The double inclined plane of Bell ought to be constructed with a hinge, made of leather or iron, at the point where the two planes meet, so that the apparatus can be easily flexed or extended. It may be fixed at the point of flexion required, by a strap or narrow piece of board, passing from the lower part of one of the planes to the other, and secured by a moveable pin at one end.

VI.

TRISMUS NASCENTIUM.

By CHARLES WOODWORTH, M.D.,
of Kingston, Mississippi.

Communicated for the Boston Medical
and Surgical Journal.

TRISMUS NASCENTIUM is a disease which prevails extensively throughout some portions of the Southern States. Its ravages are exclusively confined to those infants who have

just passed the threshold of life. It prevails mostly among black children, though white children are occasionally attacked with it. It sometimes assumes an endemic character. On one plantation in this neighborhood, nine children have been attacked with it, all of whom have died ; and a lady in Wilkinson county says that near fifty black children have died of it, on her father's plantation. Dr. Cullen says that its subjects are infants not above two weeks old, and commonly not above nine days. Dr. Good says that it occurs chiefly between the ninth and fourteenth day. But Dr. Thomas, who had considerable experience in the disease in the West Indies, affirms that infants are never attacked with it after the ninth day of their age ;—and this observation is applicable to the disease in this country, so far as my observation and experience extend, for I have never known an attack of it after the ninth day. Its causes have been ascribed

- 1st. To cold.
- 2d. To smoke.
- 3d. To retention of the meconium.
- 4th. To confined air.
- 5th. To dividing the funis umbilicalis in an improper manner.
- 6th. To the ulceration which succeeds the falling off of the funis.
- 7th. To irritation in the intestinal canal.

In the following case I had a better opportunity than usual of observing the progress of the disease. The subject of it was a child of white parents, and I think that the circumstances of the case will show conclusively that the disease could not have originated in that particular instance from any of the first six of the above enumerated causes.

Jane W. was born on the morn-

ing of the 24th October, 1831, after a short and easy labor. She was of good size and apparently healthy. The umbilical cord was carefully tied about an inch and a half from the abdomen, and again about two inches and a half, and then divided between the ligatures with a pair of sharp surgeon's scissors. It was then carefully dressed in the usual way by confining it between the folds of a piece of linen.

She was early put to the mother's breast, the milk of which proving sufficiently cathartic, the meconium passed off freely for the first three days. After that time her passages, though not more frequent than usual, were watery, with an admixture of curdled milk, showing a deficiency in the digestive powers.

On the 26th, the piece of linen in which the remaining portion of the umbilical cord was inclosed was observed to be dry and hard, and the portion of the funis itself to be reduced to a small size. To prevent irritation it was separated with a pair of sharp scissors about three-fourths of an inch from the abdomen, and the umbilicus dressed with ung. simplex every day till the 31st. It looked better each day, not the least degree of ulceration taking place. On the 31st it appeared well, excepting a slight degree of redness, and a thin piece of sheet lead was confined upon it.

On the evening of the 29th she refused to nurse, and it was suspected that her mouth was sore. On examination, the edge of the tongue appeared to be a little sore, but no other symptoms of disease were discoverable. Four drops of paregoric were given her by her nurse.

Oct. 30th. The child still refused the breast, but appeared to be hungry, and took milk freely from a teaspoon. There appeared to be

a slight degree of stiffness and immobility of the jaw, but on examination, which was frequently made through the day, it was found that her mouth could be easily opened and she had not lost the power of moving the jaw. As her bowels were not sufficiently free, three grains of magnesia were given before noon and repeated at three o'clock, without producing any effect. At five o'clock there appeared to be a slight spasmodic affection about the throat, and a drop of laudanum was given. At nine o'clock, a teaspoonful of Epsom salts and a drop of laudanum.

Oct 31st. At four o'clock in the morning, I was called to see her again, and found her affected with general spasms and rigidity of the muscles of the jaws. Gave three grains of calomel, and at six o'clock three more. Has had, since yesterday morning, two or three small watery dejections, intermixed as before with curdled milk, but nothing has been discharged which appeared to be the effect of the cathartics. At seven o'clock, introduced a suppository of tobacco, followed by another of soap, which produced a trifling discharge of dark green matter. At nine o'clock, put her into the warm bath for ten minutes. After the bath, gave a large dose of senna tea. Spasms still continue in paroxysms. At three o'clock, P. M., gave her two drops of laudanum and five drops of paregoric. At nine o'clock, no stool since morning; spasms continue unabated; gave six grains of calomel. Introduced the soap suppository, but no motion was produced.

Nov. 1st, six o'clock, A. M. She has had two scanty stools through the night, of a dark green color and good consistence. Spasms have

continued at intervals through the night. Soon after taking the six grain dose of calomel, profuse perspiration broke out, which continued for about two hours, when her skin again became dry, and so continued through the night. Her pulse has been variable, sometimes imperceptible, but never so distinct as to admit of its being counted. She is growing weaker, and her extremities appear to be more affected with spasms than her jaws.

She took no medicine through the day excepting a little manna, which was swallowed with much difficulty. Spasms continued through the day; and she expired at six o'clock in the evening, lacking a few hours of being nine days old.

The weather during this period was temperate, and the room sufficiently close, but well ventilated, with a moderate fire in it. There was no smoke in the room, as the chimney carried it up remarkably well.

I think it must appear conclusive that in the above case, the disease could not have been produced by either of the six of the first named causes. It is evident to me that it was produced by irritation in the intestinal canal. The functions of digestion were evidently impaired for two or three days before the attack. Those physicians who attribute the disease to tying or dividing the funis umbilicalis in an improper manner, must forget, I think, that the funis is not supplied with nerves.

Fatal as this disease has hitherto been, we ought not to despair of being able to treat it with success. A correct pathology will lead to a correct method of treatment, and that can be obtained only by induction from pre-established facts. If a derangement of the digestive or-

gans should be found to be the cause of the disease, it will throw much light on the pathology, and consequently upon the treatment of this hitherto obscure disease, which has been styled by an able physician the "*opprobrium medicorum*."

[We apprehend that the disease which forms the subject of the preceding communication, would be rare, if the practice were more general of procuring early and thorough evacuation of the alimentary canal, by means of castor oil. In examining the bodies of infants who have died of convulsive or spasmodic diseases, some portion of the meconium has usually, if not always, been found in some part of this canal; and where we have administered a drachm or two of oil, within an hour of the birth, which is our usual custom, we have never known any spasmodic affection to occur afterwards.—Ed.]

VII.

A SINGLE THOUGHT ON THE EXPEDIENCY OF CURING CERTAIN DISEASES OF THE SURFACE.

By CHANDLER ROBBINS, M.D.

Read before the Boston Society for Medical Improvement, October, 1831, and published in this Journal by order of the Publishing Committee.

GENTLEMEN—I shall detain you but a few moments from the discussion of the interesting question which has been selected for this evening, for I propose only to state a single law in pathology which is somewhat obscure in its application, yet not so much respected as it should be in the treatment of disease.

There are occurring, I presume, in the practice of all, cases in which

the cure of local complaints of the surface accompanied by discharge, produces bad effects. Numerous instances of this kind have fallen under my notice; and some of them very melancholy in their termination. Being on a visit, a short time ago, to a friend in the country, a lady, during a morning visit, showed me her arm covered with the scales of psoriasis, and asked if I did not think corrosive sublimate would be good for her. I dismissed the subject, as we all do in such cases, as speedily as possible, but with an affirmative:—meaning, of course, the *internal* use of that medicine. A few months after, I accidentally heard that this lady was dangerously ill of a disease of the kidneys; that she had placed herself under my care, and that the course I prescribed had cured the disease, but induced another which was about to terminate her life. On inquiry I found that she reported my reply to her physician, who forthwith prepared a *wash* of the muriate, which was applied with great punctuality, and without constitutional treatment. This lady died shortly after, of this same disease of the kidneys.

A distinguished literary gentleman in this vicinity related to me a like history of his mother, whose death succeeded and was doubtless caused by the regular, scientific, *secundum artem* cure of a similar eruption. A third is now present in my mind, and a few moments' reflection would bring a host of others.

Yet cases of the same disease, and other much worse, are daily cured by quack ointments or regular prescriptions, by washes, baths, &c. without any bad consequences whatever. Under these circumstances,—knowing all these facts,—when a case presents itself for treat-

ment what course are we to adopt? Suppose we have the medicine in our hands, which we know will answer the immediate purpose of the patient, how are we to decide whether its use may not eventually endanger organs more important to life, and perhaps the life itself of one who throws himself entirely on our judgment. This is the great question, and it is one which has received a great variety of answers.

It appears to me, that in deciding it, the plainest rule is, to ground our opinion of the probable effects of removing the disease, on the effect its access or establishment produced on the general health.

The disease has either improved the health, injured it, or produced on it no perceptible effect.

1. In the first place, we can seldom fail by close inquiry, to bring to the recollection of the patient some local difficulty, some dyspeptic trouble, or pulmonary irritation, some morbid paleness of the skin, or other unhealthy condition, which left him about the time the cutaneous affection made its appearance. If this is the case, and the system continues to perform its functions more freely since the establishment of the eruption, it appears to me we should proceed with extreme caution, and if we do anything, act chiefly through the system at large. A single case will illustrate this rule.

A gentleman whose health had been delicate from his youth, but improved on the eruption in his groin of a disease commonly called salt rheum (a name which is derived, I presume, from the saline properties of the rheum or discharge which attends it), allowed the disease to remain by him many years. At length he applied to it some rose-water ointment, which removed it in the course of a few days:

the discharge ceased, the itching abated, and, after a time, the diseased skin gave way to a healthy one. Several weeks after this, he was attacked by hepatitis, and suffered excessive pain both night and day, until the free use of calomel, vesication and bleeding, gave him relief. It may be thought that the affection of the liver was not connected with that of the skin. The sequel of the case seems to show that it was. For twenty-five years this gentleman was subject, several times in each year, to similar attacks, and seldom, until the mercurial and blister took effect, did he get any abatement of his pain.

About twelve years ago, the eruption reappeared in the groin, and the attacks of hepatitis ceased. Occasionally, however, a slight return of the pain compelled him to rise in the night and swallow a calomel pill,—which he always kept in his chamber,—and at these times, he informed me, that the groin had always for several weeks been smooth and dry.

At length the liver complaint left him; but in its place, whenever the eruption had disappeared, he became harassed by a dry, hard cough, which resisted treatment with great obstinacy. Always, however, as the cough abated, slight itching was felt in the groin, and by rubbing it smartly, the surface became abraded, moisture oozed out of it, and the cough departed as by magic. I have often wondered that a cough which so agitated the whole frame, and interrupted the night's repose, could continue so long and recur so often, without inducing structural disease of the lungs; yet, in this case, no such result has been perceived; the patient is now in good health, and annoyed only by the itching and discharge of the

cutaneous disease. For this he has uniformly declined taking any internal remedies, and has learned to avoid those which are external and local.

I have used the term hepatitis, perhaps improperly in the foregoing detail. The paroxysms were unattended by fever, and consisted of excruciating pain in the region of the liver, cloudy yellowness of the skin, and prostration of strength. The substitution of cough for this disease was probably occasioned by his removal from a warm to a cold climate.

In the case thus briefly stated, there appears to have been an evident alternation between the disease of the surface, and that of the liver and lungs: and it is hard to avoid the conclusion, that the latter organs would have escaped entirely, if the eruption had been encouraged from the first. There seemed to have been some element in the circulating fluid which required to be thus poured out, and which, if long retained, acted as a poison, or, in other words, excited disease in the organs most predisposed to morbid action. There may be too much of humoral pathology in this idea to suit the sentiments of this age; but I apprehend that no man can labor long in the field in which circumstances have called me to toil, without imbibing a greater respect for those doctrines than we have been taught, by the great masters of our pupilage, to entertain for them.

The blister, in the case related, did certainly produce ease, but it required the aid of other and very powerful evacuants; and then its effect was slow and hesitating: though the irritation it produced was great, and the discharge abundant, it never acted with the imme-

diate, and decided, and finished relief, which attended the slight itching and scarcely perceptible oozing on the diseased surface.

Let us take this patient in his present condition. Can a doubt rest on the mind of any one, that an attempt to cure his salt rheum, and particularly by external applications, would be hazardous and unjustifiable? Certainly not; and we are led to this conclusion by the fact that his health has been evidently improved by the discharge, and, as a natural consequence, suffered whenever it was arrested.

2. But if, in the second place, the previous health was good, and the disease has proved only a source of constitutional irritation and general uneasiness, and still continues such, then there can, I think, be no hesitation in applying our remedies, and curing it as effectually as possible.

I say "and still continues such," for it is well known to happen frequently, as in some forms of porrigo, that the eruption, contracted perhaps by inoculation, proves at first a source of constitutional disturbance; but, after a time, the system becomes habituated to it, the health is recovered, and the patient carries his disease about as an accustomed, and almost necessary stimulus. A rapid cure, under such circumstances, would doubtless be ill-judged. A lady of my acquaintance, of nervous temperament, made at night an external application to a cutaneous eruption of this nature, and before morning was attacked by a disease of the brain, of which she died; and a merchant, whose case is well known to most of you, by similar means was made a maniac, and, subsequently, a *felo de se*. In all cases of this kind, the decision respecting a cure should be

the same as before, i. e. if we act at all, it should be through the system at large.

I am aware there are many instances in which the health, having been good previous to the eruption of the disease, has not been apparently changed by it, either for better or worse. In such cases we are to be governed by numerous circumstances which would require much time to detail and illustrate. Generally, however, unless some external cause can be detected, the disease should be regarded as an early effort of the constitution to relieve itself of that, which would, if retained and accumulated, become eventually a source of more serious trouble. I have recently known two persons die of rapid and overwhelming febrile disease, who had, a few months before, thus incautiously healed up a small spot of commencing psoriasis, which appeared to them of trifling importance. Other cases might be collected, of sudden and violent and fatal diseases of the brain, and other organs, occurring under similar circumstances. In most cases of this kind, therefore, we should proceed cautiously, and never without constitutional treatment.

With these explanations I will repeat that the plainest rule with regard to the expediency of curing diseases of the surface such as I have referred to, appears to be, to ground our opinion of the probable effect of removing them, on the effect their access and establishment have produced on the general health. This rule I have been in the habit of regarding for many years, and it has never yet, to my knowledge, led me into trouble: and being more and more convinced, that, for all practical purposes, it is better than any of the nosological

distinctions with which our books abound, I hope to be excused for offering it to the notice of those members of the society, who may think the subject of any importance.

MEDICAL JOURNAL.

BOSTON, DECEMBER 13, 1831.

INFLUENZA.

AN influenza has been prevailing extensively in this city for the last three or four weeks, and still continues to afflict many families. Its symptoms are the same as at former periods, and are too familiar to every practising physician to require enumeration. As in times past, its immediate are not so serious as its more remote consequences, and it becomes all who are seized to watch vigilantly, lest any severe injury comes of it to some vital organ. Several cases in which the disease has terminated in ulcerated sore throat, have already proved fatal.

The same disease, we understand, is extensively prevalent in New York, Pennsylvania, and Maryland.

THE CHOLERA.

THE latest speculation respecting the nature of this disease and its mode of communication, allies it to the influenza, the dengue, and other complaints that have an atmospheric origin;—diseases that spread wide, and pervade cities and families, but cannot yet be considered as in any way communicable by contagion. This view of the subject is taken by Dr. Smith of New York, and though

it is as plausible as any other, yet we hope it may prove false. It were certainly better that it should be of a nature to be excluded from our shores by proper measures of police, than so entirely beyond human control as are all meteorations epidemics.

The opinions we allude to are contained in an Inaugural Address delivered at New York, by Dr. Smith, one of the professors of the College of Physicians and Surgeons. He ranks all epidemics under three classes, viz.

1st. Contagious epidemics—or those diseases which arise from specific poisons, generated by disease in the human body, and communicable to healthy persons by both mediate and immediate contact. Their extensive prevalence is favored by a peculiar state of the general atmosphere.

2d. Infectious epidemics—or those forms of disease, mostly fevers, which prevail in the summer and autumn, and which are produced by the miasmata or malaria exhaled from decomposing animal and vegetable substances.

3d. Meteorations epidemics—or such diseases as originate from certain insensible or secret qualities of the general atmosphere. They prevail in all situations and seasons, and often spread over extensive tracts of land and ocean.

After showing his reasons for believing that the Cholera is neither contagious nor infectious, he thus offers his views of its true character.

In deciding that the disease does not belong to the first two classes of epidemics, we are naturally led to reduce it to the third; and that this classification is not arbitrary or forced, will clearly appear upon comparing the phenomena of the disease with those of epidemics, which are gene-

rally allowed to be of meteoratious origin. But in coming to this conclusion, it is not pretended that any advancement is made in our knowledge of the essential nature of the cause of cholera. The influences of the atmosphere which are productive of disease, are of two kinds, namely, *sensible* and *insensible* or *occult*; the latter constitute the epidemic constitutions of Sydenham and other writers, or what may more properly be denominated *insensible* or *epidemic meteoration*. As a general or wide-spreading cause of disease, epidemic meteoration prevails in every variety of the sensible qualities of the air. Thus, the cause of cholera is observed to operate in every season and climate, though most destructive in the warm months, owing, probably, to the exciting causes of the malady being then more numerous and powerful. Among the congeners of cholera is influenza, a common and well-known epidemic. It appears in the hottest as well as the coldest weather, and in countries of every topographical variety. Like cholera, it springs up suddenly, and after prevailing from four to six weeks, rapidly abates and disappears. Sometimes it occurs simultaneously in places remote from one another, and spreading from these, eventually overruns a whole continent, and sometimes the whole earth. It often seizes on thousands in the first few days of its prevalence. In these and other respects the two diseases closely resemble each other in their epidemic character.

As examples of other diseases originating from epidemic meteoration, may be mentioned some of the forms of angina; the fatal spotted fever which prevailed a few years since in New England; the epidemic pneumonia typhoides which overspread the northern states in 1812 and 1813; and the disease known by the name of the Dengue, so recently prevalent in the islands of the Antilles, and on the continental shores of the Gulf of

Mexico. Among the more ancient meteoratious epidemics, is the fatal *Sudor Anglicus*, which prevailed in England in 1485; and which, like cholera, attacked all classes, and continued its ravages for a few weeks only—about the period, it is said, of an influenza.

"This rapid fury, not like other pests
Pursued a gradual course, but in a day
Rush'd as a storm o'er half the astonish'd
isle,
And strew'd with sudden carcasses the
land."

All these diseases, as well as some others of an anomalous character, depend upon certain influences of the atmosphere, the precise nature of which has hitherto eluded inquiry. The existence of these influences is known only by their effects. Assembled under the general head of epidemic meteoration, they constitute the most extensive class of epidemic causes. Some of the older philosophers supposed the morbid properties of the air were derived from mineral poisons exhaled from the interior of the earth. Others supposed them to originate from planetary influence. But these opinions are purely conjectural. If meteoratious epidemics arise from extraneous substances diffused in the atmosphere, then the number and variety of those substances must correspond with the number and variety of diseases they are supposed to produce. That this is the fact, cannot be admitted as even probable. The only hypothesis which appears at all plausible is, that the epidemic causes in question are nothing more than certain alterations in the relative quantities or conditions of the constituent elements of the atmosphere. The changes in the sensible qualities of the air are great and various; and we can readily imagine that the changes in its insensible properties are equally so. The ultimate occasions of those changes are beyond our penetration. In this view of the subject, the writers on cholera have hinted that the

cause of the disease might be some alteration in the electrical properties of the air. Dr. Annesley, the respectable author of the *Sketches of the most prevalent diseases in India*, says that the epidemic phenomena of cholera "point to the existence of some differences in the atmosphere, and that he has little difficulty in believing that difference to be chiefly in its electrical state." Mr. Orton, another Indian physician, has advanced the same hypothesis. In Europe, this doctrine has received the support of M. Loder of Moscow, physician to the emperor. He thinks the cholera is primarily an affection of the nervous system, and that its cause is electro-magnetism. The truth of these etiological opinions is favored by the interesting fact stated by Dr. Davy in his account of the disease as it prevailed in the island of Ceylon, namely, that the flaccidity of the muscular parts after death resembles that produced in animals by electricity, or when hunted to death. But whatever be the nature of the aerial influence which produces cholera, there can be no hesitation in classing the disease with meteorous epidemics.

In conclusion: If the views which have been offered be correct, we may advance with confidence to the final inquiry, how far a system of medical police can protect us from the invasion of the epidemic cholera. The atmospheric origin of the epidemic being determined, the problem may be solved in a few words. The express design of the laws establishing quarantines, expurgation of ships, merchandize, &c., is to prevent the importation of *poisons* which are productive of epidemic diseases. Some of the contagions being poisons of that kind, as that of smallpox—and also certain infections, as the malignant miasm producing yellow fever, come properly under the prohibitory operation of those laws. These poisons are capable of adhering for a season to various materials, and may

be transported in ships across the seas; and hence, in preventing their introduction, the efficacy of a quarantine is everywhere acknowledged. But here the prophylactic powers of quarantine end. Against the invasion of meteorous epidemics, all public enactments are, in effect, nullities. The causes of these diseases being certain influences which pervade the general atmosphere, are as uncontrollable by human agency as stormy clouds and tempests. That the cause of cholera is of this sort, cannot be doubted; and in this conviction, we must regard the sanitary measures, recently adopted by our municipal authorities, as impotent and nugatory. They serve but to dissipate popular apprehensions. If any measure of purification be insisted on, it should consist in merely expelling the air that may be retained in the holds of ships and packages of goods during their passage from sickly to healthy ports. Supposing the air thus transported to preserve its morbid properties, no persons would suffer from it, but those immediately exposed to it; or in other words, it could not induce in the general atmosphere an epidemic influence. Facts, however, abundantly show, that such precautions are utterly useless. In no instance is it known, that a ship or any species of merchandize after leaving an epidemic region has produced a case of cholera. Even in places which have been recently devastated, goods of all descriptions are regarded as perfectly innocuous. The Extraordinary Committee established at Moscow by order of his majesty the emperor, conclude their report with the explicit declaration: "That it is unnecessary to subject merchandize to fumigation in these places where the cholera has existed."

Compelled, as we are, to repose in the justice of these conclusions, our hopes of exemption from the epidemic cholera must rest on the distance at which we are separated from

the field of its present prevalence. It may reach us, however, from northern Russia, by the route of Lapland, the Arctic Ocean, Greenland, Labrador, and Canada. The broad Atlantic is a mighty barrier; but not impassable to the moving and extending power of epidemic meteoration. Should the destroying angel light upon our shores, our safety, under Providence, will depend upon the avoidance of every occasion that may favor his deadly attack.

We repeat what we before remarked, that these sentiments of Dr. Smith are very reasonable; and the deduction he draws from them respecting quarantine regulations may be correct. It ought, notwithstanding, to be remembered, that the most plausible and beautiful theories in medicine, do not always prove the most true, when the proper test is applied to them; and whatever, in the present case, may be the probability of the soundness of the doctrine advanced by the learned professor, we conceive that it does not, in the slightest degree, justify any relaxation in the measures of police, which every wise government has adopted to protect its subjects from so awful a scourge. The *facts* laid before the profession by Dr. Hawkins, some of which have been presented to our readers, are amply sufficient to warrant the most watchful diligence on the part of the police, and a full measure of scepticism at least, respecting the modes in which the disease is propagated.

There is one circumstance worthy of note in considering the alliance of the cholera with the influenza, dengue, &c. This congenitorship is said or supposed to exist, not in the

symptoms or true nature of the disease itself, but in its mode of propagation;—this is the only view in which Dr. S. has considered the subject of his address. Now, if our memory serves us well, there is a wide difference in the *chronological* history of the cholera and the diseases above mentioned. An influenza, which is doubtless a meteoration epidemic, breaks out in distant places at about the same time;—“it overruns a whole continent, and sometimes the whole earth,” and then disappears; and all this happens usually within the space of a few months. We are scarcely rid of the disease here, before accounts come to us of its prevalence in England and France; we next hear of it on the southern shores of the Mediterranean, and after a few months more, we learn that it was rife about the same time on the borders of the China sea. After a short but general visitation, it passes away and is forgotten. The cholera, on the other hand, has been gradually making its way for the last twelve years from city to city, and from country to country; and its progress is traced along the great avenues of communication between the inhabitants of different and distant places. But this is not all. It has not yet passed away, but almost every arrival from Europe brings us accounts of its appearance on a new theatre, and of the continued vigilance of the British government, which acts with able advisers, in maintaining the most strict regulations for its exclusion by the avenues of trade and commerce.

Such a diversity in the progress of

this disease and the influenza, if it has any bearing whatever on the question, seems to contravene the identity of their mode of propagation.

The exertions of Drs. Barry and Russel to ascertain the mode in which the cholera is propagated, have been thus far indefatigable, and they are now at Hamburg, where they will remain some time on account of the prevalence there of this frightful malady. The Russian Government has conferred on them the decoration of St. Anne, as a mark of respect for the liberal and scientific manner in which their investigations have been conducted. They have studiously avoided speculation, and confined themselves to the actual and personal observation of *facts*, which have been reported explicitly to the Government by whose authority they act. In remarking upon their reports, the editor of the London Medical Gazette observes, that "although some of these facts are difficult to reconcile with *any* of our prevalent theories on the subject, yet we must say that the great majority of them point to *infection conveyed by persons*, and not by goods or clothes, as the usual source of contamination." One of these facts only will come within our present limits.

"There is at St. Petersburg a city prison under the medical charge of Dr. Bish, an intelligent physician, and, previously to the appearance of the epidemic, an anti-contagionist. He, as well as all the other officers of the establishment, resides within the walls of the prison, by which all communication with the neighbor-

hood is prevented. On cholera appearing at St. Petersburg, all intercourse between the gaol and the town was cut off, and no instance of the malady occurred for some time; but at length the wife of one of the prisoners, she being also a prisoner, was readmitted from one of the hospitals to which she had been sent to be cured of a syphilitic complaint, no one laboring under such being retained for treatment in the prison. On her return she passed through the apartment where her husband was: she spoke to, and saluted him, but proceeded in a moment to the part of the building appropriated to females. She had some diarrhœa when admitted, which on the following night proved to be cholera, and of which she died in twelve hours. Three women, who had been in the room with her, were next taken ill, and after them her husband, who also died. There were four hundred persons within the walls, and of these twenty-seven had cholera, which in fifteen proved fatal. No case occurred in the portion of the prison allotted to nobles, it being apart from the rest.

In consequence of the numerous official statements which are received weekly from the continent, the quarantine restrictions imposed on all British ports have been increased; and, within the week previous to the last date, a considerable additional number of ships of war had been ordered on this service. Arrangements thus vigorous and efficient continue to receive the approbation of almost every respectable medical writer, and of Medical Journals which, upon nearly every other subject, maintain towards each other a most virulent opposition.

TRADES PRODUCING PHTHISIS.

IN a late number of one of the French Journals, the *Annales d'Hygiene Publique*, is a paper on this subject by M. Benoit de Chateauneuf, which contains some curious and interesting calculations. The author has examined the registers of five of the largest hospitals in Paris, with the view of ascertaining the proportion of all the deaths which occur from phthisis, and how far the particular proportion furnished by each trade differs from the general average. The period of time on which these calculations are founded is five years for the more popular professions, and double this period for those which are less so.

It appears in the first place that the total number of admissions into these hospitals being 43,000 for the time mentioned, the deaths from phthisis were 1554, or about 1-28th of the number. Of these, 745 were men, and 809 women; whereas, of the admissions, 26,055 were men, and only 16,955 women; showing a very much greater tendency to consumption in females than in males.

The author then considers the effect of inhaled dust, whether vegetable, mineral, or animal, in producing this disease. The results of his inquiry go to show that less injury is done by this cause than is generally supposed. Of the tradesmen who inhale vegetable dust, the proportion of deaths from phthisis to the whole number admitted was 2.1 per cent.; from which average the particular professions furnished the following deviations:—starch-makers, 1 per cent.; cotton spinners,

men 1.9, women 2.7; bakers, 2.1; thread-makers, men 2.3, women 3.4; charcoal porters, 3.7. None of these trades give a proportion higher than the general average, except the last. The others therefore cannot be considered as disposing to phthisis. Of those exposed to mineral dust, the proportion on the whole was 1.9, and the particular results as follows: Marble cutters, 1.25; quarry men, 1.45; masons, 2.2; plasterers, 2.5. From this it would appear that the liability to phthisis induced by mineral dust is even less than that caused by the dust of vegetable substances, and below the general average from all the professions. This result seems rather at variance with the conclusions which have been arrived at by other inquirers, as Mr. Thackrah, of Leeds, who has found those artisans who inhale the dust of mineral substances, and particularly the grinders, to be among the most short-lived. It is highly probable, however, that the disease induced by this last occupation is frequently of an acute character, and that death takes place without the occurrence of phthisis. That the inhalation of hard dust has a tendency to shorten life, is confirmed by another part of M. Chateauneuf's memoir, in which he speaks of the mortality induced by the occupation of cutting flints—a trade confined almost exclusively to a small town in France, where 300 families are supported by this single branch of manufacture.

Among the workmen inhaling vegetable dust, the general proportion of deaths from phthisis to admissions, is 4.4 per cent., and the particular pro-

portions as follows: carders and matress makers, 3.1; brush makers, 3.5; hat makers, 4.8; and feather workers, 8 per cent. It would appear, therefore, that this description of dust is far more injurious than either of the others.

The class of trades which appeared most frequently to induce phthisis, was that in which the circumstances were united, of a sedentary, bent position, and great exercise of the upper extremities. Among males exercising such occupations, the proportion of deaths to admissions was as follows: shoe-makers, 4.3 per cent.; tailors, 4.7; clerks, 4.7; jewellers, 6.4; crystal cutters, 6.1; polishers, 4.4. In female trades of the same kind, the proportion was of polishers 3.8 per cent.; tailors, 4.6; fringe makers, 4.7; mantua-makers and milliners, 5.5; shoe-binders, 5.5; menders, 6.1; lace workers, 6.2; glovers, 6.4; embroiderers, 8.6; artificial flower makers, 11.5. As trades of this nature employ far more women than men, the fact that phthisis occurs peculiarly among females, as stated above, is satisfactorily accounted for.

SMALLPOX AND COWPOX.

THE experiment of inoculating the cow with the matter of smallpox, in order to produce the vaccine disease, has been tried in one or two instances with at least apparent success. Little importance, however, seems to have been attached to these trials, nor have they been allowed much weight in deciding the interesting question of the identity of the two diseases. If we can give credit

to a statement contained in the German Journal of Practical Medicine, this point has been completely determined by a practitioner at Bremen, Dr. Sunderland, who has succeeded in conveying the vaccine disease, not by inoculation, but in the way of simple contagion, from the clothes of individuals affected with smallpox. The process described by Dr. S. as adopted in conducting his experiments, is as follows.

A woollen bed-cover, which had lain on the bed of a smallpox patient who had died during the suppurating stage of the disease, or from one still suffering with it in a small and ill-ventilated apartment, and thus well saturated with the contagion, is taken, wrapped up in a linen cloth, and then laid on the back of a cow in such a manner that it cannot be shaken off by the animal. After being left in this situation for twenty-four hours, it is taken off and laid on the back of three other cows, each for the same period, and then hung up in such a manner in their stall that its exhalations may arise and be inhaled by them. In a few days, the animals are affected with fever; and on the fourth or fifth day, the udders and other parts covered with hard skin present an eruption, which assumes the usual characteristics of cowpox, and becomes filled with lymph. This lymph, which exactly resembles that of genuine cowpox, will, if used for inoculation, produce that disease. A bed-cover, prepared as above stated, wrapped in linen, and afterward in paper, and then properly packed in a bucket, will retain the contagion

for at least two years, so as to infect a cow, provided it be kept in a shady place, in a temperature between 32 deg. and 52 deg.

This discovery, if the facts are correctly stated, furnishes a simple mode of obtaining the genuine vaccine virus fresh from the animal itself, which has been regarded as a great desideratum. It also accounts, as Dr. S. himself observes, for the fact, that it has been so difficult of late years to find cattle affected in this manner; for the smallpox having become comparatively rare, the exposure to contagion on the part of the animal has also decreased. It still remains to be explained how the fact that the smallpox is communicated to cattle in this form, could have been overlooked by the eminent discoverer of the protective influence of vaccination.

In a later number of the same journal are some valuable facts collected by Dr. Wolde, of Winsen, in Hanover. At a time when considerable alarm was occasioned by the prevalence of smallpox in the vicinity, Dr. W. availed himself of the opportunity to try the experiment of re-vaccination. One hundred persons, of various ages, who had been carefully vaccinated and exhibited a perfect cicatrix, were again inoculated. Of this number twenty had a regular vaccine pustule, differing in no respect from that of a first vaccination. Nine others had a modified disease, shorter in its duration, the lymph being coagulated, and the areola formed as early as the seventh day. In one of these cases, which is particularly described,

the disease, except in the circumstance of its rapid progress, did not differ from the genuine up to the seventh day. On the sixth there was a complete areola; on the seventh the whole arm had become erysipelatous; on the eighth the erysipelas, as well as the areola, disappeared, and yellow crusts began to be formed. In thirty-one other individuals there was only a slight local affection, which lasted three or four days, producing a circumscribed inflammation, like a leech bite or a slight suppuration of the inoculation mark, followed by a small yellowish scab. Twenty-five had no local affection whatever.

With regard to the twenty apparently perfect cases, matter taken from these was used to vaccinate children who had not previously had cowpox. In some of these a regular pock was produced, the matter from which was again employed with similar success. In others the matter had no effect whatever, though taken from apparently perfect vesicles, and very thoroughly tried. A very important circumstance—namely, the interval between the first and second vaccination in the different cases, appears not to have been particularly noticed.

ERYSIPELAS OF THE HEAD AND FACE.

DR. BRIGHT, in his late invaluable reports, enumerates, among the causes of inflammation about the brain, disease of the external parts of the head. Erysipelas of the face and scalp constitutes a familiar example of such combination; and the doctor takes occasion to favor us, *en passant*, with his opinions on this disease. He

strongly, and we think very justly, protests against the early use of stimulants, or, in fact, any unbending routine practice. He dislikes cold applications, and favors blisters to the neck; but what he most commends is Dr. Dobson's plan, of making a great number of minute punctures, which our author regards as one of the greatest improvements in modern medicine. The plan is thus described:—

"This consists in making fine punctures, in number amounting to several hundreds, or even thousands, with the point of a lancet, over the whole inflamed part; then fomenting with warm water in a sponge, to encourage the bleeding; and repeating this operation two or three times in the twenty-four hours, if the parts look red or tense. If done early, it shortens the disease; but at all events it relieves the vessels in a manner which nothing else in my experience has effected. This remedy was unfortunately adopted too late in the fatal case I have just related: but I will insert the notes of a few cases, which are only a small part of those where I have either tried it myself or seen it tried by others."

Ten cases are given in illustration; we must limit ourselves to one.

Erysipelas of the Head during Convalescence from Pneumonia.

"Juliana Pate, aged 26, was admitted under my care on the 30th of June, 1829, with pneumonia, from exposure to cold and wet, which was completely removed by bleeding, leeches to the chest, and the solution of tartrate of antimony. When convalescent, on the 19th of July she was attacked with erysipelas of the face, beginning on the nose and spreading over the whole face and scalp. On the 23d the affection was extensive; and from its attacking the lining membrane of the nose and fauces, and coming on in a patient much reduced, it bore a formidable aspect. I ordered the whole of the

inflamed parts of the scalp and forehead and face to be punctured twice in a day with the point of the lancet, and to be fomented. The relief given was very marked: the delirium, which had already come on, was checked, and the inflammation subsided; the punctures were repeated the following day, with the same good effect. A day or two after, it was requisite to apply a blister to the nape of the neck, on account of a return of delirium, when the external inflammation was much diminished. From this time all the symptoms were moderated, and I was able to venture on the use of the lightest tonics."

Aphorisms on Erysipelas of the Scalp.—If, between the third and seventh day from the receipt of the wound, you perceive it to become puffy, and the surrounding integuments red and swollen, while at the same time symptoms of gastric disturbance make their appearance, you have reason to fear the occurrence of erysipelas.

The degree of danger of this disease is always proportioned to the violence of the fever, and recovery from the one is indicated by the cessation of the other.

In nine cases out of ten, the disease arises from disorder of the liver and other digestive organs, and to the removal of this disorder must your remedies be directed.

In old, debilitated persons, the antiphlogistic treatment is contra-indicated, and recourse must be had to bark, &c. from the commencement.

The local treatment is always of less importance than the constitutional, and consists in the application of leeches, poultices, cold lotions, &c. to the wound and erysipelas.

On the post-mortem examination of the brain of those who have died of erysipelas, no appearances indicative of disease of that organ can be detected.

Iodine in Cutaneous Diseases.—Dr. Jeffray, of Liverpool, has stated in the *Lancet*, that he has administered the tincture of iodine in various cases of psoriasis, and the different varieties of herpes, "with almost never-failing success," as well as in lepra vulgaris. In the latter case the diluted unguent. hydrarg. nitrat. was also employed. We observe that Dr. Jeffray begins with ten drops twice a day, increasing the dose to thirty drops night and morning.—*Med.-Chir. Review.*

Municipal Liberality.—In Mr. Deane's "History of Scituate," just published, we find the following,

under the head of *Charities*:—"In 1816, the town chose the selectmen a committee to procure some person to vaccinate, and voted to allow such person six cents out of the town treasury, for every person vaccinated."

Whole number of deaths in Boston for the fortnight ending Dec. 3, 68. Males, 39—Females, 29. Stillborn, 1.

Of lung fever, 6—typhous fever, 2—croup, 8—scarlet fever, 8—inflammation on the lungs, 2—consumption, 7—old age, 2—inflammation in the bowels, 1—paralysis, 1—inflammation on the brain, 2—canker, 1—apoplexy, 1—hooping cough, 1—throat distemper, 1—sudden, 1—brain fever, 2—palsy, 1—erysipelas, 1—liver complaint, 1—debility, 1—worms, 1—disease of the spine, 1—dropsy, 2—dropsy on the brain, 1—unknown, 3—intemperance, 5.

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P. CLEAVELAND, *Secretary.*

Brunswick, October 29, 1831.

Dec. 1. cop4t.

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